

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	✓					
2						
3						
4						
5						
6						
7						
8						
9		8				
10		8				
11		1				
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		3				
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	←		←		←	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
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96						
97						
98						
99						
100						
TOTAL IND.	←		←		←	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						